



Sports, Fitness and Wellness Recreation Supervisor

SUPPLEMENTAL QUESTIONNAIRE

As part of your application, please complete the following Supplemental Questions. The information provided on this form will be used in combination with your application to determine whether you meet the qualification requirements. Only those applicants who meet the minimum qualification requirements for this position will be evaluated further.

- 1) The position of Sports, Fitness and Wellness Recreation Supervisor requires applicants to have a bachelor's degree in sports administration, recreation management, physical education, business administration, public administration or a closely related field from an accredited college or university (Master's degree preferred).

Please indicate how you meet this requirement: _____

- 2) In addition to meeting the education requirement, applicants must have four (4) years of supervisory experience in sports, fitness and wellness program management with at least two (2) years as a department head.

Please indicate how you meet this requirement: _____

- 3) Please list the number of people you have supervised. Please attach an organizational chart to this Questionnaire.

Total number of direct reports: _____

As a department head, indicate total number of staff for which you are responsible, excluding your direct reports indicated above: _____

Total number of volunteers for which you are responsible: _____

Other (please describe): _____

(continued on back)



- 4) Please provide the following information regarding the areas you have been responsible for managing in ***at least a supervisory capacity***.

Area of Responsibility	List What Type	Number of Teams	Total Annual Number of Participants	Ages Served
Leagues				
Tournaments				
Camps				
Large-Scale Special Events				
Aquatics				
Other:				

- 5) Please provide the following information regarding the facilities and other programmed spaces for which you have been responsible.

Area of Responsibility	List What Kind & Size	List How Many	Ages Served	Indicate Your Responsibilities:
Pools				<input type="checkbox"/> Maintenance <input type="checkbox"/> Operations <input type="checkbox"/> Other:
Facilities				<input type="checkbox"/> Maintenance <input type="checkbox"/> Operations <input type="checkbox"/> Other:
Fields				<input type="checkbox"/> Maintenance <input type="checkbox"/> Operations <input type="checkbox"/> Other:
Programmed Open Spaces				<input type="checkbox"/> Maintenance <input type="checkbox"/> Operations <input type="checkbox"/> Other:
Other:				<input type="checkbox"/> Maintenance <input type="checkbox"/> Operations <input type="checkbox"/> Other:

Date: _____

Applicant's Signature: _____